

**Texas Nonprofit Hospitals \***  
**Part II**  
**Summary of Current Hospital Charity Care Policy and Community Benefits**  
**for Inclusion in DSHS Charity Care Manual as Required**

**by Texas Health and Safety Code, § 311.0461\*\***

<b>Facility Identification (FID):</b>	1632801	(Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** FRIO REGIONAL HOSPITAL **County:** FRIO

**Mailing Address:** 200 S IH 35 / PEARSALL, TX

**Physical Address if different from above:** SAME

**Effective Date of the current policy:** 01/01/2001

**Date of Scheduled Revision of this policy:** 10/31/2014

**How often do you revise your charity care policy?** ANNUALLY

**Provide the following information on the office and contact person(s) processing requests for charity care.**

Name of the  
office/department: SOCIAL SERVICE

Mailing Address: 200 S IH 35 / PEARSALL, TX

SOCIAL SERVICE

**Contact Person:** CHARLIE VINTON **Title:** COORDINATOR

**Phone:** (830) 334-3617 **Fax:** (830) 334-9806 **E-Mail:** charlie.vinton@trhta.net

**Person completing this form if different from above:**

**Name:** RHETT D. FRICKE **Phone:** (830) 334-3617

\* This summary form is to be completed by each **nonprofit** hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is only available in PDF format at DSHS web site: [www.dshs.state.tx.us/chs/hosp](http://www.dshs.state.tx.us/chs/hosp) under 2013 Annual Statement of Community Benefits Standard.

\*\* The information in the manual will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

\*\*\* The list is also available on DSHS web site: [www.dshs.state.tx.us/chs/hosp/](http://www.dshs.state.tx.us/chs/hosp/).

## I. Charity Care Policy:

1. Include your hospital's Charity Care Mission statement in the space below.

To provide care to persons that are unable to pay for their care.

2. Provide the following information regarding your hospital's current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

See #1.

b. What percentage of the federal poverty guidelines is financial eligibility based upon?

Check one.

1. <100%

4. <200%

2. <133%



5. Other, specify 185%

3. <150%

c. Is eligibility based upon net or ☒ gross income? Check one.

d. Does your hospital have a charity care policy for the Medically Indigent?

☒ YES NO IF yes, provide the definition of the term **Medically Indigent**.

Persons who do not qualify as financially indigent under this program may qualify as medically indigent if their hospital bill greatly exceeds their annual income. These families with an income that disqualifies them as financially indigent, but they have a hospital bill which is far beyond their ability to pay. Families with an annual income which is 185% or less of the federal poverty level will be eligible for a charity discount when their hospital bill reaches 35% of their annual income.

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES ☒ NO If yes, please briefly summarize method.

f. Whose income and resources are considered for income and/or assets eligibility determination.

1. Single parent and children
2. Mother, Father and Children
3. All family members
4. All household members
5. Other, please explain



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g. What is included in your definition of income from the list below? Check all that apply.

- ☒ 1. Wages and salaries before deductions
- ☒ 2. Self-employment income
- ☒ 3. Social security benefits
- ☒ 4. Pensions and retirement benefits
- ☒ 5. Unemployment compensation
- ☒ 6. Strike benefits from union funds
- ☒ 7. Worker's compensation
- ☒ 8. Veteran's payments
- ☒ 9. Public assistance payments
- ☒ 10. Training stipends
- ☒ 11. Alimony
- ☒ 12. Child support
- ☒ 13. Military family allotments
- ☒ 14. Income from dividends, interest, rents, royalties
- ☒ 15. Regular insurance or annuity payments
- ☒ 16. Income from estates and trusts
- ☒ 17. Support from an absent family member or someone not living in the household
- ☒ 18. Lottery winnings
- 19. Other, specify \_\_\_\_\_

3. Does application for charity care require completion of a form? ☒ YES NO

If YES,

a. **Please attach a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

- ☒ 1. By telephone
- ☒ 2. In person
- 3. Other, please  
specify \_\_\_\_\_

c. Are charity care application forms available in places other than the hospital?  
YES ☒ NO If, YES, please provide name and address of the place.

d. Is the application form available in language(s) other than English?

☒ YES NO

If yes, please check

Spanish ☒ Other, please specify \_\_\_\_\_

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

- ☒ 1. The hospital independently verifies information with third party evidence (W2, pay stubs)
- 2. The hospital uses patient self-declaration
- 3. The hospital uses independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets? Check all that apply.

- ☒ 1. W2-form
- ☒ 2. Wage and earning statement
- ☒ 3. Pay check remittance
- ☒ 4. Worker's compensation
- 5. Unemployment compensation determination letters
- ☒ 6. Income tax returns
- 7. Statement from employer
- ☒ 8. Social security statement of earnings
- ☒ 9. Bank statements

- ☒ 10. Copy of checks
- 11. Living expenses
- 12. Long term notes
- ☒ 13. Copy of bills
- 14. Mortgage statements
- 15. Document of assets
- 16. Documents of sources of income
- 17. Telephone verification of gross income with the employer
- ☒ 18. Proof of participation in govt assistance programs such as Medicaid
- ☒ 19. Signed affidavit or attestation by patient
- ☒ 20. Veterans benefit statement
- 21. Other, please specify \_\_\_\_\_

5. When is a patient determined to be a charity care patient? Check all that apply.

- ☒ a. At the time of admission
- ☒ b. During hospital stay
- ☒ c. At discharge
- d. After discharge
- e. Other, please specify \_\_\_\_\_

6. How much of the bill will your hospital cover under the charity care policy?

- ☒ a. 100%
- b. A specified amount/percentage based on the patient's financial situation
- c. A minimum or maximum dollar or percentage amount established by the hospital
- d. Other, please specify \_\_\_\_\_

7. Is there a charge for processing an application/request for charity care assistance?

YES ☒ NO

8. How many days does it take for your hospital to complete the eligibility determination process? 3

9. How long does the eligibility last before the patient will need to reapply? Check one.

- a. Per admission
- ☒ b. Less than six months
- c. One year
- d. Other, specify \_\_\_\_\_

10. How does the hospital notify the patient about their eligibility for charity care? \_\_\_\_\_

Check all that apply?

- ☒ a. In person
- ☒ b. By telephone
- ☒ c. By correspondence
- d. Other, specify \_\_\_\_\_

11. Are all services provided by your hospital available to charity care patients? \_\_\_\_\_

☒ YES   NO

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees).

12. Does your hospital pay for charity care services provided at hospitals owned by others?

YES   ☒ NO



## **II. Community Benefits Projects/Activities:**

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness).

Frio Regional Hospital provides care to all patients without regard to the ability to pay. Our financial statements demonstrate \$3,252,350 or 14% of our patient revenues were from uninsured patients. An increase from the prior year. And this doesn't even include the Medicaid shortfall. The primary access point for the uninsured is through the Emergency Room. 7,813 patients come through the E/R, 1,771 (23%) were uninsured or lack a primary care physician. This is an increase of 4% from the prior year. Frio County is medically underserved, and has difficulty in providing physician services to the uninsured, without providing supplements to our Emergency Room. As noted in 2012, our costs increased to \$1,222,468. This is \$143,249 or 13% over last year's costs. So our costs are increasing by double digits, but our reimbursement rates remain flat across all 3rd party payors (Medicare; Medicaid; Commercial) because the reimbursement rates are tied to Medicare and Medicaid rates which remain flat or in some cases decreased. And we rarely receive payment, let alone legal and/or correct names, from private pay patients who provide us with false information. Again, these patients make up 23% of our ER patient volume. ANESTHESIA Frio Regional Hospital has contracted with two Certified Registered Nurse Anesthetists (CRNAs) to provide anesthesia service for our surgical, delivery, and procedure services. The CRNAs are on-call 24 hours per day, seven days per week at a cost of over \$260,354 annually. FRH had 120 surgical procedures and 127 births. Almost all the births were Medicaid with a few uninsured and almost all surgical procedures were Medicare and Medicaid. CHARITY Frio Regional Hospital wrote off over \$1,275,471 of charity charges for patients that met its charity guidelines. The overall disparity of uninsured patients is growing with no foreseeable stopping and recent measures State and Federal programs to stem the tide are failing miserably.

### **Additional Information:**

Use this space if more space is required for comments or to elaborate on any of the information supplied on this form. Please refer to the response by question and item number.



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**NOTE:** This is the twelfth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512) 776-7261 or fax: (512) 776-7344 or E-mail: [dwayne.collins@dshs.state.tx.us](mailto:dwayne.collins@dshs.state.tx.us).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Contact Name: \_\_\_\_\_ :

**Suggestions/questions:**